

Progress Notes

Published for the Medical Staff
and Advanced Practice Clinicians
of Lehigh Valley Health Network

Inside This Issue:

<i>From the President</i>	1-2
<i>LVH Cited for the 17th Year Among Best in U.S.</i>	2
<i>National Cancer Institute Partnership Renewed</i>	3
<i>Expanded Hours for Children's ER</i>	3
<i>News from Health Information Management</i>	4-5
<i>Physician Documentation</i>	6
<i>Recovery Audit Contractor (RAC) Program</i>	7
<i>PCE Prescription: Enhancing Access to Care</i>	7
<i>CMIO Update</i>	8-9
<i>SELECT</i>	9
<i>Ethics Corner</i>	10
<i>Congratulations</i>	11
<i>Papers, Publications and Presentations</i>	11
<i>Don't Forget to Update Your Doctor Profile</i>	11
<i>The Retail Pharmacy View</i>	12
<i>Upcoming Seminars, Conferences and Meetings</i>	13-15
<i>LVHN Digital Library</i>	15
<i>Who's New</i>	16-19



FROM THE PRESIDENT

Give a Little Bit



Shortly before becoming Medical Staff President, I was engaged in a conversation about *Progress Notes* and the President's column. Overhearing the discussion, a colleague interjected, "You know, no one reads that."

Thankfully, my colleague was wrong. I am deeply touched by the e-mails and remarks I have received from many of you regarding these columns. Many of the notes used similar words - authentic, real, human. These comments are very flattering, and they started me thinking about the bigger picture. As I thought, I kept coming to the same conclusion.

Left unspoken in the compliments is the fact that, too often, we do not get authenticity, genuine expressions of feeling, or individuals "keeping it real." Instead, we get barriers and walls and people telling us what they think we want to hear - things that prevent the development of rewarding relationships. To some degree, that is understandable. Sharing of ourselves leaves us exposed. We have all been burned - at some point in our lives - by sharing a story or feelings with someone and getting a less than supportive or negative response in return.

Here is the most troubling thing, though. We are in a business that depends upon deep and caring relationships. Our patients and their families share everything with us - sometimes by choice and sometimes because we ask them probing questions about every aspect of their lives. Their lives are an open book to us and they trust us with that information. That is part of the covenant we have with our patients. However, we share very little of ourselves with them and we share very little with each other.

Think about your best and most enduring friendships. They are strong because you have mutual respect and because you have shared with each other. You have talked about your success and failures, your fears and dreams. You know each other, and you would not trade that friendship for anything.

Continued on next page

Continued from Page 1

In order to truly heal, comfort and care, we – as caregivers, and we are all caregivers in some way – must begin to give a little bit. We have to feel what our patients are going through and relate to their discomfort and distress. We have to empathize in a way that shows our patients that we really care. We must be willing to offer glimpses of ourselves – share our stories when appropriate and make ourselves more real to those for whom we have the privilege to care. Deep down, most of us like sharing our stories. The success of Mission Possible demonstrates this desire among our colleagues. When provided with the opportunity, we loved to share.

We all have the ability to touch each other's lives. All it takes is a little bit of courage to take that first step. All it takes is one moment to positively impact a patient, family member or colleague. There is no expiration date for that moment. You can seize it whenever – and as often – as you choose. First, though, you have to give a little bit.

*"I'll give a little bit of my love to you.
There's so much that we need to share,
so send a smile and show you care . . .
. . . give a little bit of your time to me.
See the man with the lonely eyes . . .
oh, take his hand, you'll be surprised."*

Supertramp, *Give A Little Bit*



Michael J. Pistoria, DO
Medical Staff President

LVH CITED FOR THE 17TH YEAR AMONG BEST IN U.S.

For the 17th consecutive year, Lehigh Valley Hospital (LVH) ranks as one of the nation's top hospitals on *U.S. News & World Report's* Best Hospitals list.

The 2012-13 list recognizes Lehigh Valley Hospital among the nation's leading hospitals in three categories: gastroenterology (#29), orthopedics (#40) and pulmonology (#50).

LVH has made the *U.S. News* national rankings in at least one specialty area every year since 1996. LVH has a combined total of 37 specialty category listings over the past nine years including cardiology and heart surgery, cancer, gastrointestinal disorders, hormonal disorders including diabetes, gynecology, orthopedics, urology and geriatrics.

In addition to the Best Hospitals national rankings, *U.S. News* cites "high-performing" hospitals in regional markets around the country. Lehigh Valley Hospital and Lehigh Valley Hospital—Muhlenberg are both recognized among the Best Hospitals in Northeastern Pennsylvania/Lehigh Valley. Lehigh Valley Hospital is cited as a high-performer in nine areas: cancer care; cardiology and heart surgery; diabetes and endocrinology; ear, nose and throat; geriatrics; gynecology; nephrology; neurology and neurosurgery; and urology. Lehigh Valley Hospital—Muhlenberg is listed as a high-performer in six categories including diabetes and endocrinology; gastroenterology; geriatrics; orthopedics; pulmonology and urology.

"Recognitions like this speak volumes about the hard work and dedication of everyone on the team," said Ronald

W. Swinfard, MD, Lehigh Valley Health Network's President and CEO. "I am extremely proud of everyone in our entire network for their passion and commitment to doing what they do every day to help care for our community. They are truly deserving of this recognition, which in turn means our community receives the outstanding care it expects and deserves."



This year's Best Hospitals showcases more than 720 of the nation's roughly 5,000 hospitals. LVH is among fewer than 150 that are nationally ranked in at least one of 16 medical specialties. The rest of the recognized hospitals met a standard of performance nearly as demanding in one or more specialties.

The complete rankings and methodology are available at <http://health.usnews.com/best-hospitals>.

NATIONAL CANCER INSTITUTE PARTNERSHIP RENEWED



The Cancer Center and Lehigh Valley Hospital have been selected by the National Cancer Institute to continue its partnership in the NCI's Community Cancer Centers Program (NCCCP) for another two years. Selected initially in 2010 as one of 14 new sites, and one of only 30 NCCCP sites in the U.S., LVH was selected again in May of this year as one of only 21 NCCCP sites to renew its partnership with the National Cancer Institute. LVH is the only NCCCP site in the region, and joins Geisinger and Einstein in Philadelphia as the only three sites in Pennsylvania.

The original NCCCP award from the NCI of \$2.1 million, matched by nearly \$2.3 million by LVHN, has transformed cancer care in our community over the last two years. The Cancer Center has leveraged the federal award to develop both the human and technical infrastructure required to achieve significant gains in patient care quality, access to clinical research trials, and especially access to services across the cancer continuum for underserved Hispanic members of the Allentown region. Major accomplishments have been realized in (1) the delivery of coordinated multi-disciplinary care; (2) access to genetic counseling services; (3) clinical trials research support; (4) collaboration with NCI designated cancer centers and sponsored programs; (5) enhancing best practices for the handling of bio-specimens to further research into molecular based, personalized cancer treatment; and (6) access to cancer prevention, screening, multi-disciplinary care, clinical trials, palliative care and survivorship for members of our Hispanic community.

The two-year extension, under the leadership of Debbie Salas-Lopez, MD, Principal Investigator, and Gregory R. Harper, MD, PhD, Physician Director for NCCCP, continues until June 2014, at which time the Cancer Center expects to compete for a new round of NCI community partnerships — the National Cancer Institute Community Oncology Research Program (N-CORP). Our selection as a NCCCP site has provided the foundation on which partnerships with the Moffitt Cancer Center in Tampa, Fla., and the Wistar Institute in Philadelphia have been made possible. Both of these sites are NCI-designated Cancer Centers, The Wistar Institute so designated since the very first award by NCI in 1972. These partnerships are opening opportunities to partner in fundamental tissue-based research that will ultimately lead to more effective, less toxic, targeted therapies personalized for the patient's own cancer.

Selected by NCI as a NCCCP site, LVHN is now recognized as a national leader in cancer care, and the Cancer Center as among the very best community cancer centers in the country. This level of excellence does not happen by chance. The commitment of the physicians and staff at the Cancer Center, the support of Cancer Center and Network leadership, and the support of the Medical Staff make all this possible.

For more information, contact Gregory R. Harper, MD, PhD, at gregory.harper@lvhn.org or by phone at 610-402-0512.

EXPANDED HOURS FOR CHILDREN'S ER



The Children's Emergency Room at Lehigh Valley Hospital – Cedar Crest has now extended its hours of operation to continue to meet the growing needs of the community. The Children's ER, the only one in the region, is now open from 8 a.m. to 1 a.m. Since the Children's ER opened in February, 2011, the number of children who receive care there continues to increase, averaging 900 visits a month. The new hours of operation were made possible with the most recent addition to the staff of the fourth board-certified pediatric Emergency Medicine physician – Eileen Quintana, MD – who was appointed to the Medical Staff in April of this year.

For more information about the Children's ER, contact Andrew C. Miller, DO, Medical Director, at 484-884-0819.

NEWS FROM HEALTH INFORMATION MANAGEMENT

Electronic Health Medical Record (EHMR)

Legal Medical Record

Effective with discharges on June 4, 2012, the “old EHMR” was replaced by EHMR. The conversion of medical records prior to June 4, 2012, is still in progress, hence it is important to designate the legal medical record as follows:

- Discharges from 1997 to March 2012: Old EHMR 
- Discharges from April 2012 – July 2012: Old EHMR 
and EHMR 
- August – Going Forward: EHMR 

The Legal Medical Record will remain as stated above until further notice when the full conversion is complete.

Medical Record Completion “Facts/Tips”

During the first month of EHMR conversion, a number of process changes have been made that will assist the HIM Department in processing and completing the medical records more efficiently. Below are some tips:

“Correction” Button – Please do not use the “correction” button. The “correction” button is for HIM internal use only. To communicate with HIM electronically, use the reject button with comments.

Transcription Corrections

- Documents may be edited in EHMR using the “edit and sign” button.
- Make a copy of the report, note the corrections, date and sign the document, and send to HIM.
- For longer additions to the report, please dictate an addendum.

Physician Queries

- Physicians should respond to retrospective queries by typing the response in the text box on the query form.
- Do not utilize the “correction” button. The “correction” button is for HIM internal use only.
- If queries are auto-signed without an answer, the query deficiency will be changed to a “dict” deficiency with a requirement to dictate the answer to the query.

Incomplete Chart Control/Suspension Process

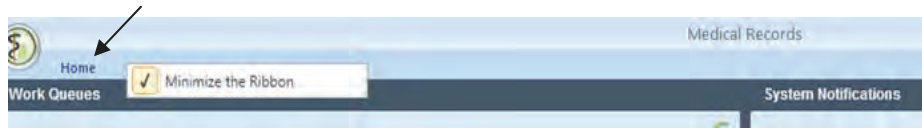
- Deficiency Terminology:
 - EDIT/SIGN - Transcribed Report with the option to edit and sign at the same time
 - SIGN - Scanned Document requires signature, cannot be edited
 - DICT - Dictation Needed
 - DUALDICT - Dictation that is simultaneously assigned to the resident, must be signed by the resident before routing to the attending
 - PHYSSQRY - Query to be completed
- Delinquency Levels
 - Active - Incomplete
 - Pend - Pending Suspension
- Dual Signature – A new process implemented to allow residents/APC’s to electronically sign documents prior to being sent to the Attending.
 - Attending, residents, and APC’s are assigned signature deficiencies simultaneously
 - If you try to sign prior to the resident or APC, you will receive an alert and not be able to continue until the resident has signed the document. ***If the document is not signed by the resident within 7 days,*** it will be moved to the attending for signature
 - Attendings will not be suspended for signatures awaiting the Resident/APC
- Group Deficiency Completion
 - Physicians can complete records for group members if set accordingly. Group signature is discouraged from a physician billing standpoint
 - While in the deficiency list, there is a drop down menu to pull members of your group.

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Continued from Page 4

ToolBar/Menu Buttons are Not Visible

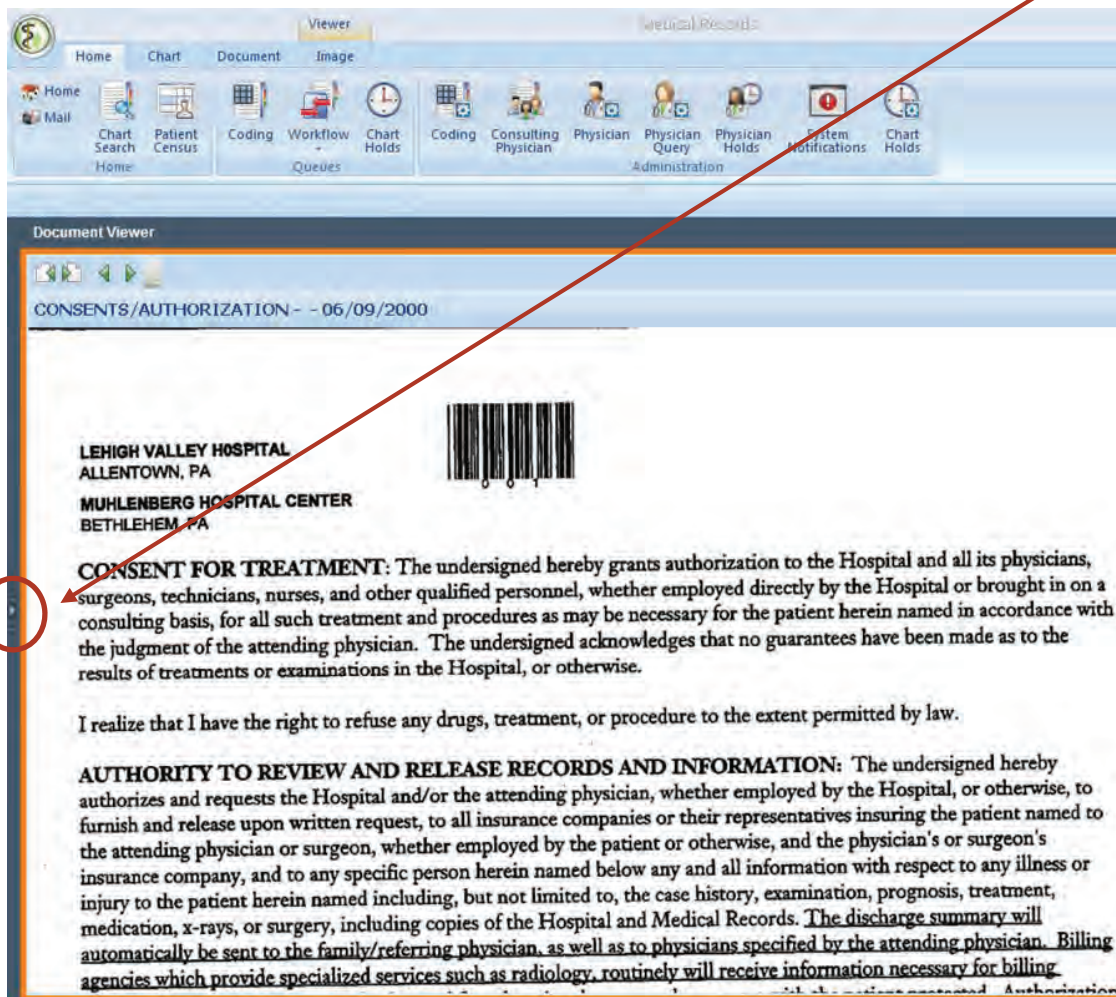
- Right Click on the blue bar where 'Home' is displayed.



- If "Minimize the Ribbon" option is checked, click on it again to deselect it.

Deficiency Lists and/or Chart Search Criteria are Not Visible

- Click on the Panel Expand/Collapse Arrow to re-expand the Deficiency List and/or Chart Search Criteria . . .



If you have any questions related to HIM processes, contact Zelda Greene, Administrator, Health Information Management, at 610-402-8330 or zelda.greene@lvhn.org.

Questions related to the application and/or training may be referred to Greg Burns, Project Manager, at 610-402-1437 or greg.burns@lvhn.org.

PHYSICIAN DOCUMENTATION

Hospital-Acquired Conditions (HAC) and Present on Admission (POA) Indicator Reporting

HACs: The Centers for Medicare & Medicaid Services (CMS) identified a list of 12 specific conditions below as conditions that “could reasonably have been prevented through the application of evidence-based guidelines.” In addition to registering as a complication, these may affect reimbursement and are likely to be added to the Value Based Purchasing Program in FY’15.

POA is a documentation indicator used to define conditions as present at the time the order for inpatient admission occurs. This means that conditions which develop during any outpatient encounter, *including in the Emergency Department, during observation, or outpatient surgery*, are considered to be present on admission (POA) and should be documented as such.

12 Current HAC Categories

- 1) Foreign Object Retained After Surgery (998.4, 998.7)
- 2) Air Embolism (999.1)
- 3) Blood Incompatibility (999.60-63, 999.69)
- 4) Pressure Ulcers, Stages III and IV (707.23, 707.24)
- 5) Falls and Trauma (800-839, 850-854, 925-929, 940-949, 991-994)
 - a. Fractures
 - b. Dislocations
 - c. Intracranial Injuries
 - d. Crushing injuries
 - e. Burns
 - f. Electric Shock
- 6) Catheter-Associated UTI (996.64)
- 7) Vascular Catheter-Associated Infection (999.31)
- 8) Manifestations of Poor Glycemic Control (250.10-250.13)
 - a. DKA (250.20-250.23)
 - b. Nonketotic Hyperosmolar Coma (251.0)
 - c. Hypoglycemic Coma (249.10-249.11)
 - d. Secondary Diabetes with Ketoacidosis (249.20-249.21)
 - e. Secondary Diabetes with Hyperosmolarity
- 9) Surgical Site Infection, Mediastinitis, following CABG (519.2 + 36.10-36.19)
- 10) Surgical Site Infection following certain Orthopedic Procedures: Spine, Neck, Shoulder, Elbow (996.67 + 998.59)
- 11) Surgical Site Infection following Bariatric Surgeries:
 - a. Laparoscopic Gastric Bypass (539.01)
 - b. Gastroenterostomy (539.81)
 - c. Laparoscopic Gastric Restrictive Surgery (998.59)
- 12) DVT and/or PE following Certain Orthopedic Procedures (Total Knee Replacement, Hip Replacement) (415.11, 415.13, 415.19, 453.40-453.42)

Two New Categories Proposed for FY’13:

- Surgical site infections following cardiac implantable devices
- Iatrogenic pneumothorax with venous catheterization

DOCUMENTATION REQUIRED:

In order to prevent the above diagnoses from being coded as a complication of your surgery/admission, and therefore adversely affecting your profile, when applicable, **providers are required to identify in their documentation**, whether these conditions were present on admission (POA) or not.

Our “Yellow Notes” and Clinical Documentation Specialists will assist you.

If you have any questions about this topic, please email John Pettine, MD, CCDS, Director, Clinical Documentation Improvement Program, at john.pettine@lvhn.org.

Source: <https://www.cms.gov>

RECOVERY AUDIT CONTRACTOR (RAC) PROGRAM

The Medicare Recovery Audit Contractor (RAC) program, made permanent by *The Tax Relief and Health Care Act of 2006*, is designed to identify improper Medicare payments – both overpayments and underpayments – in all 50 states. RACs are paid on a contingency fee basis, receiving a percentage of the improper overpayments and underpayments they collect from providers.

RACs may review the last three years of provider claims for the following types of services: hospital inpatient and outpatient, skilled nursing facility, physician, ambulance and laboratory, as well as durable medical equipment. The RACs use proprietary software programs to identify potential payment errors in such areas as duplicate payments, fiscal intermediaries' mistakes, medical necessity and coding. RACs also conduct medical record reviews.

From March 2005 to March 2008, the RAC program operated as a demonstration program. During this time period, the Centers for Medicare & Medicaid Services (CMS) reported that RACs had succeeded in collecting more than \$1.03 billion in improper Medicare payments. Approximately 96 percent (\$992.7 million) of the improper payments were overpayments collected from providers, while the remaining 4 percent (\$37.8 million) were underpayments repaid to providers.

As required by *The Tax Relief and Health Care Act of 2006*, the permanent RAC program is now implemented in all 50 states.



Due to the increase in RAC activity and denials, **Taffy A. Anderson, MD**, recently joined the Health Information Management Department to assist in the defense and appeal of RAC coding denials. Her expertise and wealth of knowledge, both clinically and in coding, has strengthened our defense of these denials.

Beginning in September, denial letters will be mailed to the attending physicians for informational purposes. If you disagree with the reimbursement denial or would like to discuss further, contact Dr. Anderson directly at 610-223-6591 or taffy.anderson@lvhn.org.

For more information about the RAC program or RAC-related coding denials, please contact Dr. Taffy Anderson or Lori Dachowicz, RHIA, CCS, Manager, Inpatient Coding, at 610-969-2835 or lori.dachowicz@lvhn.org.

PCE PRESCRIPTION: ENHANCING ACCESS TO CARE

The goal of Lehigh Valley Health Network's Patient-Centered Experience (PCE) initiative is to give patients and their loved ones the best possible health care experience. Through PCE, the health network is enhancing the way patients access quality health care.

PCE Outcomes: The health network created the "Miles of Smiles" mobile dental clinic, a dental office on wheels that provides care to underserved children in the community, and the Community Health and Wellness Center at Lehigh Valley Hospital – 17th Street, a place where patients can receive education in English and Spanish about how to stay healthy and manage chronic illnesses.

Why it's important to you: "In the health care reform era, the ability of health care providers to help patients prevent and manage disease will be increasingly scrutinized," says Bruce Ellsweig, MD, Vice Chair of Family Medicine Community Practices and Medical Director of Lehigh Valley Hospice. "Additionally, low health literacy is the strongest predictor of poor outcomes and high health costs in the United States. We want to improve health literacy, keep patients healthier and ultimately reduce health care costs."

Next step: Get more information about Miles of Smiles and the Community Health and Wellness Center by calling 610-402-CARE.

For information about PCE, contact James Geiger, Senior Vice President, Operations, at 610-969-4290; Anne Panik, Senior Vice President, Patient Care Services, at 610-402-4267, or James Prowant, Associate Executive Director, Primary Care Operations, at 484-884-8531.

CMIO UPDATE

An Update on DCI: A Red Box Alert

A complete set of discharge instructions is important for the patient and for continuity of care. Completion of DCI is a team sport, and everyone has a role. Our Nursing colleagues complete a significant portion of the document. As providers, we need to complete the Discharge Diagnoses, Diet, Activity fields, and reconcile the medications between Home, in-Patient, and Discharge.

Managing the medications is crucial to patient safety and quality. You should check the HomeMeds during the first 24 hours after admission to ensure that all appropriate home medications are continued in-house. At discharge, medications should again be reconciled so that DCI contains an accurate and current list of home medications.

To remind providers to complete these areas, the Diet and Activity fields will be surrounded by a red outline, which will disappear once the fields are completed.

And please remember – DO NOT order medications into Centricity Enterprise (CE) to force them to appear in DCI. Only medications that are to be given during the in-patient stay should be ordered in CE. Medications specifically for home should be placed in DCI.

Holding that feeding? Remember to hold those meds!

When making a patient NPO, or when holding tube feedings, it is important to consider all of the medications the patient is taking, especially insulin and other diabetic related meds. To help remind clinicians, a required field will be added to all NPO and the “Hold Tube Feeding” orders. The field choices are shown below.

Place a Nursing Care Order

Order: NURSH-NPO After Midnight Except Spec Med
Frequency: ONCE
Priority: R

Diabetic Med: [Select from List]

- HOLD DIABETIC MEDS/PROVENTER HOLD ORDER
- PATIENT NOT ON DIABETIC MEDS
- PATIENT ON DIABETIC MEDS/OK TO CONTINUE

Ordered By: LEVICK, DONALD P0563
Signed By: LEVICK, DONALD P0563
Order Mode: [H]

Order Reference
July 2012

If NPO > 2 hrs or if tube feed stopped > 2 hours and patient on hyperglycemic medication:

- Call medical provider
- Perform POC glucose test every 1 hr x 4 hrs then every 2 hrs x 4 hrs
- Call if glucose <90 or >180

Cardiac meds do not include antithrombotic medications.

Cardiac meds include:

- Antiarrhythmic Agents
- Lipid Lowering Agents
- Blood Pressure Medications
- Beta-Blockers
- Alpha Blockers
- ACE Inhibitors
- Angiotensin Receptor Blocker (ARB)
- Clonidine
- Calcium Channel Blockers
- Vasodilating Medications
- Nitrates
- Hydralazine

Please remember that if you are going to hold or D/C any diabetic meds, that you must also enter the appropriate “Hold Meds” order, or D/C the med entirely. This will ensure that patients that are not being fed, do not inadvertently receive medications that can induce hypoglycemia.

The Hypoglycemia View in the Viewer – Pretty Sweet!

Management of patients on insulin and the prevention of hypoglycemia remain a significant challenge. Knowledge of recent insulin doses and blood glucose results is critical to optimal management. A very helpful tool is the Hypoglycemia View in the Viewer in Centricity Enterprise. This can be found approximately one-third of the way down the Viewer menu. The Hypoglycemia View displays both point-of-care and serum glucose levels, other appropriate lab results, and all of the insulin doses either given or held. Other related medications are also displayed on the View. Clicking on the result will display a pop-up window with any nurses’ notes explaining why the dose was held.

Hypoglycemic View

HYPOGLYCEMIC VIEW		CC	CC	CC	CC	CC	CC	CC	CC	CC
Continuous Columns		10 Jul 12	10 Jul 12	10 Jul 12	10 Jul 12	10 Jul 12	9 Jul 12	9 Jul 12	9 Jul 12	9 Jul 12
		8:27	5:41	5:30	1:26	00:38	22:58	22:51	22:30	12:44
FLOWSHEET HYPOGLYCEMIC CHARTING VWR										
Hypoglycemia Flowsheet View										
Bld Glucose Monitor		247		298				331		
Sample Source		Capillary		Capillary				Capillary		
POC Meter (Letter)		B		B				A		
LAB HYPOGLYCEMIC VWR										
Hypoglycemia Lab View										
GLUCOSE				188 H					220 H	
Glucose, Point of Care Testing								331 H		
HEMOGLOBIN A1C (HA1CG)				7.0	@					
ESTIMATED AVERAGE GLUCOSE				154 H						
BLOOD UREA NITROGEN				17					16	
CREATININE				0.81					1.14	
GFR, CALCULATED				89	@				64	@
C4-Hypoglycemia Medication View										
Humalog (insulin lispro) x1 to 7 MEALS RX	4 UNITS									
Humalog (insulin lispro) x5 X1						5 UNITS				
Lantus (insulin glargine hum res) x20 R3 QHS							20 UNIT			

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Continued from Page 8

A similar specialized view has also been created for anti-coagulation management. The View displays anti-coagulation lab results, CBC's, and all related anti-coagulation medications. This View is very helpful in the daily management of Coumadin dosing and in the overall management of anti-coagulation therapy.

Coag View

COAG VIEW Continuous Columns	CC 10 Jul 12 9:16	CC 10 Jul 12 9:02	CC 10 Jul 12 7:00	CC 10 Jul 12 5:44	CC 9 Jul 12 18:28	CC 9 Jul 12 12:11	CC 9 Jul 12 8:30	CC 9 Jul 12 8:29	CC 9 Jul 12 7:00	CC 8 Jul 12 23:30
FLWSHEET COAG CHARTING VWR										
Coag Flowsheet View										
NURSH-Coumadin - No Dose Today						8 reviewed				
LAB COAG VWR										
Coag Lab View										
PLATELET COUNT				130 L			105 L			92 L
PROTHROMBIN TIME				19.0 H			42.7 H			
PT INR				1.6			4.5			
MS-Coagulation Medication View										
Coumadin - call physician for dose x1 RXQD07			1 EACH						1 EACH	
Warfarin sodium x1 X1	1 MG									
H3-Coagulation Medication View										
Aspirin (see detail for form) x81 RXQD		81 MG					81 MG			
C6-Coagulation Medication View										
Phytonadione x25 X1				2.5 MG						
Thiamine hcl x250 RXQD		250 MG					250 MG			

If you have any questions regarding these topics, please contact Don Levick, MD, MBA, Chief Medical Information Officer, at 610-402-1426 or pager 610-402-5100 7481.

SELECT

Scholarly Excellence.
Leadership Experiences.
Collaborative Training.

Experiences for a lifetime.
A network for life.™

USF College of Medicine and
Lehigh Valley Health Network

Meet Our Students – Class of 2015



Name: Alexandra Printz

Hometown: Sarasota, Florida

Undergraduate College:
University Of South Florida,
Honors College

Major: Biomedical Sciences
with a minor in Biomedical
Physics

Hobbies/Interests: reading,
playing piano, family time

Why did you choose SELECT?

I was interested in SELECT because it incorporated into its curriculum the improvement we all want to see in health care. As someone who hopes to be a part of the change that is needed to create a patient-family centered system of care that is responsible and sustainable, I was excited to start developing the skills I will need. Also, SELECT students are very fortunate to be able to work with USF and LVHN, two diverse and innovative health networks, as we learn the best ways to deliver care.

Future Goals/Interests:

I am interested in improving access to quality health care, and exploring new models that will allow us to deliver healthcare to underserved populations. Also, I am very interested in both patient and physician representation on local, state, and national levels of government and how its impact influences the delivery of healthcare and the practice of medicine.

For more information about the SELECT program, please contact Michael J. La Rock, MD, Division of General Internal Medicine and Associate Clinical Professor, Morsani College of Medicine, USF Health, at michael_j.larock@lvhn.org.

ETHICS CORNER

Pennsylvania Orders for Life Sustaining Treatment (POLST)

by Cindy Umbrell, RN, and Carolyn Coleman

The Patient Self Determination Act is a federal law that recognizes the right of competent adult individuals to participate in and direct their own healthcare decisions, to accept or refuse medical or surgical treatment and to develop an advance directive. In October 2010, the Patient Life Sustaining Wishes Committee of the PA Department of Health (PaDOH) recommended the use of a standardized form to communicate patients' treatment decisions regarding end of life care across the care continuum. The Physician Order for Life Sustaining Treatment, or POLST, form was approved as a means of translating the treatment wishes of an individual with an end stage medical condition into portable physician orders for life sustaining treatment.

The POLST form is a standardized set of medical orders that specify the types of medical interventions a patient wishes to receive. The POLST is intended for use by patients with advanced illnesses who are expected to live less than one year, or who are at risk of losing decision making capacity. A properly executed POLST form is transferable between the acute care and long term care setting. The POLST can be used by hospitals, long-term facilities, home health agencies and hospices throughout the Lehigh Valley health care community as a set of valid medical orders.

The PSDA and the POLST envelope several ethical principles, most notably the respect for persons also known as the respect for autonomy. Prior to POLST being available for individuals with an end stage medical condition in Pennsylvania, a healthcare provider could discuss with the patient (or their surrogate) their wishes, preferably in a quiet office visit for this purpose and complete an advance directive. The POLST form now enables the provider to document those wishes as a set of portable physician orders to be followed by healthcare providers in a number of different settings.



When a patient presents with a POLST to any LVHN facility via the Emergency Department or other venue, the physician or his/her authorized designee shall determine the validity of the POLST. The POLST must be signed by the patient, or their surrogate, and a physician, PA or CRNP. A copy of the POLST or the original bright pink form may be accepted as valid. The interventions noted on the POLST should be replicated in the LVHN electronic orders, Code Status-Orders for Life Sustaining Treatment, OLST, consistent with the Administrative Policy on "Life Sustaining Treatment and Patient-Centered Medical Decision Making." The clinical team will make a copy of the POLST document and place the copy in the medical record advance directive section. The patient's copy will be returned to them or their surrogate.

The LVHN electronic order for an OLST will be printed and placed inside the medical record as is currently practiced.

Upon discharge, providers may consider discussing and completing a POLST with their patients who have an end stage medical condition or significant frailty. The bright pink POLST forms are available on each clinical unit.

If you have any questions regarding this topic, contact either Cindy Umbrell, RN, Trauma Neuro Intensive Care Unit, at 610-402-8445, or Carolyn Coleman, Risk Management, at 484-884-8788.

References:

- The POLST Paradigm. (2012): <http://www.ohsu.edu/polst/developing/index.htm>
- LVHN Administrative policy: Life Sustaining Treatment and Patient-Centered Medical Decision Making.
- LVHN Administrative policy: Pennsylvania (Physician) Orders for Life Sustaining Treatment (POLST).

CONGRATULATIONS



Arjumand Ali, MD, Division of General Surgery, was recently certified in Surgery by the American Board of Surgery. Dr. Ali has been a member of the Medical Staff since October, 2011. She is in practice with T. Kumar Pendurthi Surgical Associates, LLC.



Stella N. Kalantzis, DO, Department of Emergency Medicine, was recently certified in Emergency Medicine by the American Osteopathic Board of Emergency Medicine. Dr. Kalantzis joined the Medical Staff in July, 2009. She is in practice with LVPGEmergency Medicine.



Vinky S. Pathak, DDS, Division of General Dentistry, recently became a Fellow in the Academy of General Dentistry (AGD) in June. Founded in 1952, the AGD has grown to become the second largest dental association in the U.S., with over 35,000 member dentists in the United States and Canada. In accordance with its values, the academy's purpose is to advance the value and excellence of general dentistry. A general dentist who is a Fellow in the AGD (FAGD) has been recognized by other general dentists as a leader and exemplifies to other dentists the importance of quality continuing dental education. To earn the FAGD, a dentist must complete a minimum of 500 continuing dental education credit hours, pass a comprehensive exam and have been an AGD member for three continuous years. Dr. Pathak has been a member of the Medical Staff since July, 2005. She is in practice with Sloane and Oppenheim DDS, PC.



Thomas V. Whalen, MD, MMM, Chief Medical Officer, was elected to membership in the American Surgical Association in April.

The American Surgical Association was founded in 1880 and is the nation's oldest and most prestigious surgical organization. Its members include the nation's most prominent surgeons from the country's leading academic medical institutions, many of whom are Chairs of the Departments of Surgery at these institutions. Membership also includes leading surgeons from around the world, making it much more than an American association. Dr. Whalen, who previously held the position of Chair of the Department of Surgery, is a member of the Division of Pediatric Surgical Specialties, Section of Pediatric Surgery/Pediatric Trauma. He has been a member of the Medical Staff since October, 2006.

PAPERS, PUBLICATIONS AND PRESENTATIONS



Ronald S. Freudenberger, MD, Chief, Division of Cardiology, was one of the co-authors of the article – “Nocturia, Sleep and Daytime Function in Stable Heart Failure” – which was published in the *Journal of Cardiac Failure*, Vol. 18, No. 7, July, 2012.

DON'T FORGET TO UPDATE YOUR DOCTOR PROFILE

As mentioned in last month's issue of *Progress Notes*, the Marketing and Public Affairs Department is redesigning the network's website — LVHN.org — to be more patient-focused. The improved **Find a Doctor** tool on the website will include your doctor profile information that prospective patients will use to make an informed choice when selecting a physician.

In order to have current information on the **Find a Doctor** tool, physicians have been requested to update their profile information.

You can complete your profile at lvhn.org/doclogin. Your user name is your LVHN.org email address. To retrieve your password, go to lvhn.org/doclogin and click on “request a new password.” Enter your LVHN.org email only, and you will receive a password immediately via email.

If you have any questions about this process, please contact Alyssa Young, Senior Web Producer, Marketing and Public Affairs, at alyssa.young@lvhn.org or 484-884-3173.

THE RETAIL PHARMACY VIEW

Phone Messages



Last month in the initial article of **The Retail Pharmacy View**, the lag time between sending a prescription electronically from your office to a Pharmacy and how it can take up to an hour to reach the Pharmacist was

discussed. In an effort to make the Prescriber to Pharmacist information transfer more efficient, this month's topic is about leaving voice messages by doctors, dentists, etc., and their staffs.

Just as poor writing skills on prescriptions can cause questions and guessing, improper verbal communication skills when leaving phone messages can also generate problems. Although there are time limits to the message tapes, they are usually sufficient to allow you to talk normally and succinctly without rushing and leave all the information necessary for a prescription to be filled. However, if more than one prescription is being called in, the time limit may not be long enough and may cut you off. When calling in two or more prescriptions, select the prompt to talk directly to the Pharmacist. Rushed messages are almost always hard to decipher and more than likely will require a phone call by the Pharmacist to your office.

Certain basics should always be included in each message:

- The name of the patient and their birth date
- Drug name, strength, quantity, the SIG, refills
- Name of the Prescriber
- DEA number if drug is controlled
- If **Brand** is **Medically Necessary**
- A call back number where someone can be reached if there are questions

The Pharmacy's goal is to fill the correct prescription(s) for your patient without generating follow-up calls which tie up you and your staff and the Pharmacist and his/her staff.



Communication of this topic with your staff will benefit all concerned.

Generics

The following drugs will be available in Generic form this month:

- Singulair - *Montelukast*
- Actos - *Pioglitazone*
- Xopenox - *Levalbuterol*

If you have questions or need additional information, contact Jay Needle, RPh, Manager, Health Spectrum Pharmacy – Muhlenberg, via email at jay.needle@lvhn.org or by phone at 484-884-7004.



UPCOMING SEMINARS, CONFERENCES AND MEETINGS

Emergency Medicine Grand Rounds

Emergency Medicine Grand Rounds are held on Thursdays, beginning at 9 a.m., at various locations. Topics to be discussed in August will include:

- **August 2 – LVH-M ECC Rooms C and D**
 - “History and Current State of Emergency Medicine” and “With or Without? What Emergency Medicine Physicians can Learn from the Radiologist’s Guidelines” – Visiting Speaker – Robert McNamara, MD, Chair, Department of Emergency Medicine, Temple University School of Medicine
 - Journal Club – Bryan Kane, MD, and Steven Frei, MD
 - Evidence Based Medicine Literature Review – Kristine Petre, MLS
- **August 9 – PGY 2, 3 and 4 - LVH-M Banko Building**
 - Rosen’s Club – Richard MacKenzie, MD
 - Thoracic Respiratory – Justin Arnold, DO, and Catherine Fischer, DO
 - Oropharynx/Throat – Kathleen Kane, MD
 - Hematology Disorders (Non Leukemia) – Ellie Salinski, MD
 - Resident as Teacher – Amy Smith, PhD
- **August 9 – PGY 1 – LVH-M 4th Floor Classroom**
Trauma 101
 - Chapter 1: Initial Assessment – Catherine Fischer, DO
 - Chapter 3: Shock – Justin Arnold, DO
 - Chapter 4 and 5: Thoracic Trauma and Abdominal/Pelvic Trauma – Megan Urquhart, DO
 - Chapter 6: Head Trauma – Justin Arnold, DO
 - Chapter 7: Spinal Cord Trauma – Catherine Fischer, DO
- **August 16 – PGY 1 – LVH-M 4th Floor Classroom**
 - Chest Tube Course – Shawn Quinn, DO
 - LP Course – Michael Nguyen, MD

- **August 16 – PGY 2 – Sim Lab – DOE 1247 S. Cedar Crest Blvd.**
 - LP, Slit Lamp, Chest Tube – Terrence Goyke, DO
- **August 16 – PGY 3 and 4 – LVH-M Banko Building**
 - ED Front – Richard MacKenzie, MD
 - CV Development – Joe Sexton, MD
 - Contracts: What You Should Know – Joe Sexton, MD
 - Interview Techniques – Deb D’Angelo
 - Finance Planning for Residents
- **August 23 – PGY 2, 3 and 4 – LVH-M Banko Building**
 - Rosen’s Club – Matthew Cook, DO
 - Domestic Violence – Marna Greenberg, DO
 - Cranial Nerve Disorders – Michael Weigner, MD
 - Patterns of Abuse and Neglect – Linda Lewis
 - Elder Abuse – Megan Urquhart, DO
- **August 23 – PGY 1 – LVH-M 4th Floor Classroom**
 - Splint and Suture Lab – Terrence Goyke, DO
- **August 30 – LVH-M Banko Building**
 - Patient Safety Curriculum – William Bond, MD
 - Suicide Assessment – Muhamad Aly Rifai, MD

For more information, contact Dawn Yenser in the Department of Emergency Medicine at 484-884-2888.

Family Medicine Grand Rounds

Family Medicine Grand Rounds will be held on **Tuesday, August 7**, from 7 to 8 a.m., in Kasych ECC Room 9 at LVH-Cedar Crest, and teleconferenced to ECC Room A at LVH-Muhlenberg. “Hospice and Palliative Care Update” will be presented by Bruce A. Ellsweig, MD, Vice Chair, Family Medicine Community Practices.

For more information, contact Sue Turi in the Department of Family Medicine at 610-969-4965 or via email at sue.turi@lvhn.org.

Continued on next page

Continued from Page 13

Neurology Conferences

Weekly Neurology Conferences have been discontinued for the summer. They will resume on Thursday, September 6, 2012. Stay tuned!

OB-GYN Grand Rounds

The Department of Obstetrics and Gynecology Grand Rounds are held on Fridays from 7 to 8 a.m. The topics for August will include:

- August 3 – Physical Therapy in Gynecologic Care – Karen Snowden, PT – Kasych ECC Room 8
- August 10 – PAP Smear Guidelines – Amy DePuy, MD – Kasych ECC Rooms 7 and 8
- August 24 – Preventing Adhesions with C-Sections – Hector Chapa, MD, Visiting Professor from Women's Specialty Center in Dallas, Texas – Kasych ECC Rooms 7 and 8

For more information, contact Julie Gualano in the Department of Obstetrics and Gynecology at 610-969-4515.

Pediatric Grand Rounds

The Department of Pediatrics will hold Grand Rounds at 8 a.m., in Kasych ECC Room 6 at LVH-Cedar Crest on the following Tuesdays in August:

- August 7 – Endocrinology topic – Laurissa Kashmer, MD
- August 14 – Outpatient topic – Anthony Dimick, MD, and Matthew Saltz, MD
- August 21 – Rehabilitation topic – Elaine Donoghue, MD
- August 28 – Neurology topic – Elizabeth Corbo, MD

For more information, contact Cari Coelho in the Department of Pediatrics at 610-969-2540.

Emergency Medicine Institute – Life Support Classes

Upcoming life support classes sponsored by the Emergency Medicine Institute (EMI) are listed below:

Advanced Cardiac Life Support (ACLS)

ACLS renewal classes will be held from 8 a.m. to Noon, at the Emergency Medicine Institute located at 2166 S. 12th Street, Allentown, on the following dates:

- September 17
- September 18
- September 26
- September 27

A two-day provided course will also be held September 10 and 11 from 8:30 a.m. to 4 p.m., at the Emergency Medicine Institute.

Pediatric Advanced Life Support (PALS)

PALS renewal classes will be held from 8 a.m. to 4 p.m., at the Emergency Medicine Institute on the following dates:

- August 23
- September 14

A two-day provider course will also be held September 12 and 13, from 8 a.m. to 4 p.m., at the Emergency Medicine Institute.

Registration information and a list of additional classes are available on the EMI website. To access the EMI website from the LVHN Intranet homepage, select “Departments” – “Non-Clinical” – “EMI.”

For more information regarding these classes, contact Christine Ash at the Emergency Medicine Institute at 610-969-0299.

What's New in CME?

FYI Upcoming Events

➤ **Therasim Virtual Patient Simulation Cases in Diabetes and Anticoagulation**

These simulations present comorbid patient information from the patient interview and medical history. Physicians can evaluate and treat accordingly using all information available. All modules are supported with sourced guidelines for advanced self-study and are CME accredited. Therasim will be available through the home page of The Learning Curve. To search for cases, type *case simulation* in The Learning Curve search box.

➤ **4th Annual Ultrasound in Obstetrics and Gynecology Conference**

September 21 and 22
LVH-Cedar Crest
Further details to follow.

Continued on next page

Continued from Page 14

- **A Comprehensive Approach to Epilepsy**
September 29
8 a.m. to 12:15 p.m.
Kasych ECC Rooms 6, 7 and 8
- **4th Annual Fleming Infection Prevention and Infectious Diseases Symposium**
October 5
LVH-Cedar Crest
Further details to follow.
- **Addressing Obesity and Weight Management in the 21st Century**
October 20
LVH-Cedar Crest
Further details to follow.

For more information about the events listed above, preview the brochures available on the Division of Education's website under "Continuing Education Events Brochures."

If you have any questions regarding CME/CNE accreditation, PI CME, or the CE Advisory Board, please contact Jane Grube, Associate Director, Continuing Education, at 610-402-2398.



LVHN DIGITAL LIBRARY

New Medical Images Diagnostic Tool *VisualDx*

VisualDx, sponsored by Information Services, is a visual diagnostic decision support system designed to aid medical professionals in the diagnosis of visually identifiable diseases. It provides a side by side visual comparison of potential diseases/conditions with over **20,000 high quality medical images** contained in this resource. The database is organized by signs, symptoms and visual clues rather than diseases. Diagnoses are viewed in the context of patient particulars, such as by age, immune status, lesion distribution, and key findings.

The image results are ranked by relevance and multiple images are available for each diagnosis showing different disease stages, severity, age, skin types, and passage of time. Each image can be enlarged for better viewing and can be used for teaching within the LVHN Network.

Clinical information is also available for approximately 1,000 diseases/conditions. This condition-specific, actionable clinical information and insight from physician experts, includes: ICD-9 Codes, diagnosis synopsis, diagnostic pearls, differential diagnosis and pitfalls, best tests, management pearls, and therapy.

VisualDx also provides rapid access to rare diagnoses, such as CDC Category A, B, and C bioterrorism agents, chemical and radiation injuries, and uncommon infectious diseases. There are health alerts and notices for diagnoses that require notification to health officials.

You can access **VisualDx** through the Digital Library under: **LVHN Intranet > FIND FAST > Library Services**. There is also a *mobile app* available to use on your mobile devices. Visit the Mobile Resources page at the Digital Library website for instructions to download the app.

For questions regarding this topic, contact Library Services via email at LibraryServices@lvhn.org or by phone at 610-402-8410.

Who's New

This section contains an update of new appointments, address changes, status changes, resignations, etc. Please remember to update your directory with this information.

Medical Staff

New Appointments



Kiran M. Goli, MD

Valley Kidney Specialists, PC
1230 S. Cedar Crest Blvd.
Suite 301
Allentown, PA 18103-6231
Phone: 610-432-4529 Fax: 610-432-2206
Department of Medicine
Division of Nephrology
Provisional Active



Breanna L. Henry, DO

Parkland Family Health Center
4520 Parkview Drive
Schnecksville, PA 18078-2552
Phone: 610-799-4241 Fax: 610-799-4244
Department of Family Medicine
Provisional Active



Nghia T. Hoang, DO

The Heart Care Group, PC
Jaindl Pavilion, Suite 500
1202 S. Cedar Crest Blvd., P.O. Box 3880
Allentown, PA 18106-0880
Phone: 610-770-2200 Fax: 610-776-6645
Department of Medicine
Division of Cardiology
Provisional Active



Vasudev G. Magaji, MD

LVPD-Diabetes & Endocrinology
1243 S. Cedar Crest Blvd.
Suite 2800
Allentown, PA 18103-6268
Phone: 610-402-6790 Fax: 610-402-6979
Department of Medicine
Division of Endocrinology
Provisional Active



Jason C. Morgan, MD

LVPD-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8130 Fax: 610-402-7160
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active



Brian J. Patson, MD

Hematology-Oncology Associates
1240 S. Cedar Crest Blvd.
Suite 103
Allentown, PA 18103-6218
Phone: 610-402-7880 Fax: 610-402-7881
Department of Medicine
Division of Hematology-Medical Oncology
Provisional Active



Frank A. Sperrazza, DO

Southside Family Medicine
141 E. Emaus Avenue
Allentown, PA 18103-5899
Phone: 610-791-5930 Fax: 610-791-2157
Department of Family Medicine
Provisional Active



Jaclyn M. Sperrazza, DO

Joseph A. Habig II, MD
798 Hausman Road
Suite 250
Allentown, PA 18104-9119
Phone: 610-973-3868 Fax: 610-973-3867
Department of Family Medicine
Provisional Active

Continued on next page



Michael D. Stanley, DO
LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8130 Fax: 610-402-7160
Department of Emergency Medicine
Division of Emergency Medicine
Provisional Active



Jennifer A. Strow, DO
Pulmonary Associates
Center for Advanced Health Care
1250 S. Cedar Crest Blvd., Suite 205
Allentown, PA 18103-6271
Phone: 610-439-8856 Fax: 610-439-1314
Department of Medicine
Division of Pulmonary/Critical Care Medicine
Provisional Active



Shalini Verma, MD
Valley Kidney Specialists, PC
1230 S. Cedar Crest Blvd.
Suite 301
Allentown, PA 18103-6231
Phone: 610-432-4529 Fax: 610-432-2206
Department of Medicine
Division of Nephrology
Provisional Active



Frank C. Zhang, MD
Lehigh Neurology
Center for Advanced Health Care
1250 S. Cedar Crest Blvd.
Suite 405
Allentown, PA 18103-6224
Phone: 610-402-8420 Fax: 610-402-1689
Department of Medicine
Division of Neurology
Provisional Active

Medical Staff Leadership Appointments

Department of Family Medicine

Robin S. Schroeder, MD
Vice Chair, Practice and Professional Development

Department of Medicine

Timothy J. Friel, MD
Vice Chair, Research and 17th Street

Jennifer L. Stephens, DO
Vice Chair, Quality

Medical Directors of Laboratory and Other Services

Carmine J. Pellosie, DO, MPH, MBA
Medical Director, Rehabilitation Services

Practice/Status Changes

Nicole L. Bendock, DO
From: LVH-M Emergency Medicine
To: **LVPG-Emergency Medicine**
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8130 Fax: 610-402-7160
Department of Emergency Medicine
Division of Emergency Medicine
From: Limited Duty
To: Provisional Active

Adam J. Kotkiewicz, DO
From: Afterhours Physician Coverage Group
To: **Hematology-Oncology Associates**
1240 S. Cedar Crest Blvd.
Suite 103
Allentown, PA 18103-6218
Phone: 610-402-7880 Fax: 610-402-7881
Department of Medicine
From: Division of General Internal Medicine
To: Division of Hematology-Medical Oncology
From: Limited Duty
To: Provisional Active

Continued on next page

Continued from Page 17

Craig A. Mackanness, DO

From: LVH Department of Medicine
To: **Craig A. Mackanness, DO**
1240 S. Cedar Crest Blvd.
Suite 410
Allentown, PA 18103-6218
Phone: 610-402-5200 Fax: 610-402-1675
Department of Medicine
Division of General Internal Medicine
From: Limited Duty
To: Provisional Active

Status Change to Honorary Status

Earl S. Jefferis, Jr., MD

Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
(OBGYN Associates of the LV and Carbon County)
From: Active
To: Honorary Status

Address Change

Joseph C. Bognet, DO

Bognet Medical Associates, PC
1275 S. Cedar Crest Blvd.
Suite 5
Allentown, PA 18103-6207
Phone: 610-821-2820 Fax: 610-821-2859

Practice Change

Richard C. Massaro, DO

Afterhours Physician Coverage Group
1240 S. Cedar Crest Blvd.
Suite 410
Allentown, PA 18103-6218
Phone: 610-402-5200 Fax: 610-402-1675

Fax Number Changes

Eric A. Goldman, DO

Fax: 484-661-5546

Shirley A Nylund, DMD

Fax: 610-336-4186

Resignations

David E. Jones, MD

Department of Medicine
Division of Neurology
(Lehigh Neurology)

Clinton H. Leinweber, DO

Department of Radiation Oncology
(Allentown Radiation Oncology Associates)

Roland W. Newman II, DO

Department of Family Medicine
(Health Center at Moselem Springs)
(Lehigh Valley Family Health Center)
(Blandon Medical Group)

Judith T. Peyechu, MD

Department of Medicine
Division of Palliative Medicine and Hospice
(OACIS Services)

Allied Health Staff

New Appointments



Vanessa L. Pasch, CRNP

Certified Registered Nurse Practitioner

HealthWorks
1243 S. Cedar Crest Blvd.
Allentown, PA 18103-7982
Phone: 610-402-9230 Fax: 610-402-9393
Supervising Physician: Richard F. Goy, MD, MPH



Meghan A. Pendrak, CRNP

Certified Registered Nurse Practitioner

LVPG-Emergency Medicine
Lehigh Valley Hospital
Cedar Crest & I-78, P.O. Box 689
Allentown, PA 18105-1556
Phone: 610-402-8130 Fax: 610-402-7160
Supervising Physician: Anthony T. Werhun, MD

Continued on next page



Eileen K. Souder, CRNP

Certified Registered Nurse Practitioner

Lehigh Area Medical Associates

1255 S. Cedar Crest Blvd.

Suite 2200

Allentown, PA 18103-6257

Phone: 610-437-9006 Fax: 610-437-2475

Supervising Physician: Edward J. Rosenfeld, MD

Change of Supervising Physician

Nicholas E. Fusco, PA-C

Physician Assistant-Certified

(OAA Orthopaedic Specialists)

From: Kevin K. Anbari, MD To: Stephen E. Falatyn, MD

Removal of Supervising Physician and Group

Song-Hee Bohn, CRNP

Certified Registered Nurse Practitioner

(Health Center at Moselem Springs – Joselito A. Ouano, MD)

Removal of: Pain Specialists of Greater Lehigh Valley, PC – Lisa A.

Keglovitz, MD

Michelle M. Trzesniowski, CRNP

Certified Registered Nurse Practitioner

(Muhlenberg Primary Care – James T. McNelis, DO)

Removal of Good Shepherd Physician Group – Chirag J. Kalola, MD

Resignations

Geoffrey P. Carlson, PA-C

Physician Assistant-Certified

(MacArthur Family Medicine)

Frances D. Friedman, CRNA

Certified Registered Nurse Anesthetist

(Lehigh Valley Anesthesia Services, PC)

Aimee R. Kessler, CNM

Certified Nurse Midwife

(The Midwives & Associates, Inc.)

Lori C. Lucas, CRNP

Certified Registered Nurse Practitioner

(OACIS Services)

John P. Parulski

Administrative Support

(Youngs Medical Equipment)

LEHIGH VALLEY HEALTH NETWORK

Get Your Kicks on Route 66 at Nite Lites

17th Annual Black Tie Gala
5 p.m., Saturday, Sept. 29, 2012

All proceeds will benefit our community through support of Lehigh Valley Health Network.

Lehigh Valley Health Network is a not-for-profit tax exempt organization under section 501(c)(3) of the Internal Revenue code. Your gift is tax deductible to the fullest extent allowed by law.

For sponsorship, reservation and event information please contact:

Amy Burrows Director, Special Events Phone: 484-884-9223 Fax: 484-884-9222 E-mail: amy.burrows@lvhn.org	—OR—	Sandi Marsh Sr. Director, Special Events Phone: 484-884-9119 Fax: 484-884-9222 E-mail: sandra.marsh@lvhn.org
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Thomas V. Whalen, MD

S. Clarke Woodruff, DMD

*Visit us on the new LVHN internet site at
www.lvhn.org*

*Select "Information for: Physicians" in the lower black
section, then select "Medical Staff Services" and
"Services for Members of the Medical Staff"*

Progress Notes is published monthly to inform the Medical Staff, Advanced Practice Clinicians, and employees of Lehigh Valley Health Network of important issues concerning the Medical Staff and Advanced Practice Clinicians.

Articles should be submitted by e-mail to janet.seifert@lvhn.org or sent to Janet M. Seifert, Medical Staff Services, Lehigh Valley Health Network, Cedar Crest & I-78, P.O. Box 689, Allentown, PA 18105-1556 by the 15th of each month.

If you have any questions about the newsletter, please contact Mrs. Seifert by e-mail or phone at (610) 402-8590.